Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp	CALIFORNIA 460 2001/02 FORM
Government Code Sections 64200-64216.5)	Statement covers period from03/18/2006	Date of election if applicable: (Month, Day, Year)		Page 1 of 1
SEE INSTRUCTIONS ON REVERSE	through05/20/2006	06/06/2006		
State Candidate Election Committee ○ Recall (Also Complete Part 5) ○ General Purpose Committee ○ Sponsored ○ Small Contributor Committee	rimarity Formed Ballot Measure ommittee) Controlled) Sponsored //so Complete Part 6) rimarity Formed Candidate/ fficeholder Committee //so Complete Part 7)	2. Type of Statement: FIED Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 To	Spe	arterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
5. Committee information	. NUMBER 1261380	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		-
Cathryn De Young/DeYoung for Supervisor		Catherine Madigan MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)	-	5 Capri CITY	STATE ZIP (CODE AREA CODE/PHONE
CITY ZIP COI	DE AREA CODE/PHONE	Laguna Niguel, CA 9 NAME OF ASSISTANT TREASUR	2677 RER, IF ANY	949-248-9326
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	-	Janis Rojas MAILING ADDRESS 29511 Ivy Glenn		
STATE ZÎP COL	DE AREA CODE/PHONE	CITY Glein	STATE ZIP (CODE AREA CODE/PHONE
UP (CONAL. TAX) E-MAIL AUDRESS		Laguna Niguel, CA 9 OPTIONAL: FAX / E-MAIL ADDR	2677 ESS	949/249-2928
Executed on Executed on Executed on Executed on Date Executed on Date Executed on	By	Signature of Treasurer or Assistant 1 Authoriting Officeholder, Candidate, St. Signature of Controlling Officeholder, Candidate, St.	Treasurer Proposed of Sponsor	ules is true and complete. I certify
Date	Ву	Signature of Controlling Office Labor Condidate Ct	ata Manarana B	

COVER PAGE-PART 2
CALIFORNIA 460
FORM

Officeholder or Candidate Controlled Committee	e	6.	Primarily Formed Ballot	Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Cathryn DeYoung							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT N County Supervisor District Number: 5	UMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	ON		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP		Identify the controlling office	eholder, car	ndidate, or state me	asure p	proponent, if any
			NAME OF OFFICEHOLDER, CAND	DIDATE, OR PR	OPONENT		
Related Committees Not Included in this Stater not included in this statement that are controlled by you or a contributions or make expenditures on behalf of your candid	re primarily formed to receive		OFFICE SOUGHT OR HELD		DISTRI	CT NO. IF	F ANY
COMMITTEE NAME I.E	D. NUMBER			;			
NAME OF TREASURER C	ONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	eholder Commit	tee <i>Li</i> s	st names of
	YES NO				s committee is primar	lly torme	ea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
COMMITTEE NAME I.E	D. NUMBER						
·			NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR	HELD	SUPPORT OPPOSE
	ONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR CA	NDIDATE	OFFICE SOUGHT OR	HELD	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	YES NO						SUPPORT OPPOSE
STREET ADDRESS (NO P.O. BOX)							
CITY STATE ZIP CODE	AREA CODE/PHONE		•				
			Attach	continuatio	n sheets if necessa	ary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

Cathryn De Young/DeYoung for Supervisor 1261380 Column A **Contributions Received** Column B **Calendar Year Summary for Candidates** TOTAL THIS PERIOD CALENDARYEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ 31,119.05 2. Loans Received Schedule B, Line 3 1/1 through 6/30 800,000.00 7/1 to Date 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ __ 831,119.05 20. Contributions 4. Nonmonetary Contributions Schedule C, Line 3 Received 3,992.00 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ ___ 835,111.05 Made **Expenditures Made Expenditure Limit Summary for State** Candidates 7. Loans Made Schedule H, Line 3 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 22. Cumulative Expenditures Made* _1,011,016.08 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00 Date of Election 10. Nonmonetary Adjustment Schedule C, Line 3 Total to Date 3,992.00 (mm/dd/yy) **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ ___ 250,901.88 To calculate Column B, add 13. Cash Receipts Column A, Line 3 above 831,119.05 amounts in Column A to the 14. Miscellaneous Increases to Cash Schedule I, Line 4 corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. 15. Cash Payments Column A, Line 8 above report. Some amounts in 1,011,016.08 Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 71,004.85 figures that should be If this is a termination statement, Line 16 must be zero. subtracted from previous period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). 18. Cash Equivalents See instructions on reverse \$ ____ 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _1,900,000.00 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A

Type or print in ink.

Monetary	Contributions Received		ts may be rounded whole dollars.	Statement coverage from 03/18/2	•			460
SEE INSTRUCTIO	NS ON REVERSE			through05/20/2	006	Page	4	of 43
NAME OF FILER Cathryn De N	Young/DeYoung for Supervisor					I.D. NU 1261		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	TC	ELECTION DATE EQUIRED)
04/10/2006	AKM Consulting Eng.	□IND □COM 図OTH □PTY □SCC		75.00	1	75.00	P 06	750.00
05/01/2006	AKM Consulting Eng.	□IND □COM 図OTH □PTY □SCC		100.00	1	75.00	P 06	750.00
03/23/2006	Chris Alexander	⊠IND □COM □OTH □PTY □SCC	Realtor Sea West Properties	300.00	3	00.00	P 06	585.00
03/20/2006	Patricia Aston	⊠IND □COM □OTH □PTY □SCC	Retired	200.00	4	00.00	P 06	1,000.00
04/18/2006	Patricia Aston	☑IND □COM □OTH □PTY □SCC	Retired	200.00	4	00.00	P 06	1,000.00
			SUBTOTAL\$	875.00			e de la companya de l	
Amount red (Include all	A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.)			29,425.00	IND - COM	(other t	il ent Commit than PTY	or SCC)
3. Total mone	ceived this period – unitemized monetary contributions tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colur			1,694.05	PTY-	-Political	Party	Committee

Type or print in ink. Amounts may be rounded to whole dollars.

CALIFORNIA FORM

Statement covers period

03/18/2006

				through <u>05/20/2</u>	006	Page .	5	of 43_
NAME OF FILER	Oung/DeYoung for Supervisor						MBER	
cachiyn be i	oung/beroung for supervisor	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		1261	.380	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR		RELECTION TO DATE REQUIRED)
03/21/2006	Don Ayres, Jr	⊠IND □COM □OTH □PTY □SCC	President Ayres Group	250.00	25	0.00	P 06	775.00
05/17/2006	Craig Barto	IND COM OTH PTY SCC	President Signal Hill Petroleum	1,000.00	1,00	0.00	P 06	1,250.00
03/27/2006	Gigi Barto	⊠IND □COM □OTH □PTY □SCC	Homemaker	150.00	15	0.00	P 06	575.00
03/23/2006	Susan Bialek	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	250.00	25	0.00	P 06	1,450.00
05/08/2006	Dorine Birtcher	☑IND □COM □OTH □PTY □SCC	Homemaker	1,100.00	1,10	0.00	P 06	1,500.00
:			SUBTOTAL	2,750.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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CALIFORNIA ACO

Statement covers period

				from <u>03/18/2</u>	006	FORM	460
				through <u>05/20/2</u>	006 Pa	ge6	_ of43
NAME OF FILER Cathryn De Y	oung/DeYoung for Supervisor				1	0. NUMBER 261380	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DA' CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE F REQUIRED)
03/21/2006	Mrs. Nancy Bonner	☑IND □COM □OTH □PTY □SCC	Retired	200.00	200.	00 P06	200.00
04/17/2006	Daniel L. Brigham, Jr.	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	CLU NML Insurance	100.00	100.	00 P06	200.00
05/01/2006	Kevin Brogan	IND COM OTH PTY SCC	Attorney Hill, Farrer & Burrill	1,000.00	1,000.	00 P06	1,000.00
03/29/2006	Melody Burbank	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	200.00	300.	00 P 06	1,300.00
04/19/2006	Melody Burbank	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	100.00	300.	00 P06	1,300.00
			SUBTOTAL S	1,600.00	ART THE	Sec.	e a tra

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in lnk.
Amounts may be rounded

SCHEDULE A	(CONT.)
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Worldary	Contributions Neceived	to whole dollars.			006	FORM 460		
				through <u>05/20/2</u>	006	Page _		_43
NAME OF FILER						I.D. NUN	/BER	
Cathryn De N	Young/DeYoung for Supervisor					12613	380	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN: 1 - DEC. S	AR	PER ELI TO D (IF REQ	ATE
03/21/2006	Patty Canright	⊠IND □COM □OTH □PTY □SCC	RN St. Margarets School	150.00	150	0.00	P 06	800.00
04/03/2006	Care Ambulance	□IND □COM ☑OTH □PTY □SCC		250.00	350	0.00	P 06	750.00
05/01/2006	Care Ambulance	☐IND ☐COM 図OTH ☐PTY ☐SCC		100.00	350	0.00	P 06	750.00
04/20/2006	Kenneth R. Carpenter	⊠IND □COM □OTH □PTY □SCC	President 4-Speed Delivery Svc.	100.00	100	0.00	P 06	100.00
03/27/2006	Cofiroute Global	□IND □COM ဩOTH □PTY □SCC		75.00	150	.00	P 06	550.00
			SUBTOTAL	675.00		1974		

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Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from03/18/2	006	FC	ORM	TUU
NAME OF FILER				through05/20/2		age _		of43
	Young/DeYoung for Supervisor					.D. NUA		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	R	7	ELECTION TO DATE REQUIRED)
04/19/2006	Cofiroute Global	☐IND ☐COM 図OTH ☐PTY ☐SCC		75.00	150	.00	P 06	550.00
04/20/2006	Chadley R. Covington	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Real Estate Dev. CC&D Inc.	250.00	250	.00	P 06	250.00
03/23/2006	Shauna Covington	⊠IND □COM □OTH □PTY □SCC	Realtor Prudential Realty	500.00	500	.00 1	P 06	750.00
03/24/2006	CREPAC/BORPAC	□IND ☑COM □OTH □PTY □SCC		1,500.00	1,500	.00 I	9 06	1,500.00
03/23/2006	Robert De Kruif	⊠IND □COM □OTH □PTY □SCC	Retired	250.00	250.	00 1	9 06	250.00
			SUBTOTAL\$	2,575.00				

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Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

1,950.00

				from 03/18/2	006	FO	RM	400
				through <u>05/20/2</u>	006 F	Page	<u>9</u> 0	 1 1 3
NAME OF FILER						.D. NUM	BER	
Cathryn De	Young/DeYoung for Supervisor					12613	80	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	R	TC	ELECTION DATE EQUIRED)
04/20/2006	Joe DeComa	IND COM OTH PTY SCC	Real Est. Dev.	100.00	100	.00 F	06	100.00
03/23/2006	Carol Demorest	IXIND ☐COM ☐OTH ☐PTY ☐SCC	Real Est Sun Isle Realty	250.00	250	.00 P	06	450.00
04/20/2006	Sandy DeYoung	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	500.00	500	.00 P	06	500.00
04/20/2006	Jorge L. Duran	⊠IND □COM □OTH □PTY □SCC	Manager OCTA	100.00	100	.00 P	06	100.00
03/21/2006	Mary Anne Turley Emett	☑IND □COM □OTH □PTY □SCC	Freelance Artist Self emp.	1,000.00	1,000.	00 P	06	1,500.00
			SUBTOTAL\$	1 050 00		5 5 5 5	100	7

*Contributor Codes

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(other than PTY or SCC) OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA A CO

Statement covers period

				from03/18/2	006	FORM	400
-				through <u>05/20/2</u>	006 Pag	e <u>10</u>	of_43
NAME OF FILER Cathryn De	Young/DeYoung for Supervisor					NUMBER 61380	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1	ELECTION O DATE REQUIRED)
04/20/2006	Empire Pacific, LLC	☐IND ☐COM ☑OTH ☐PTY ☐SCC		500.00	500.00	P 06	500.00
03/23/2006	Financial Planners & Investment Counsel Inc.	□IND □COM 図OTH □PTY □SCC		150.00	250.00	P 06	250.00
04/24/2006	Financial Planners & Investment Counsel Inc.	□IND □COM 図OTH □PTY □SCC		100.00	250.00	P 06	250.00
03/23/2006	Fitzgerald Jewelers	□IND □COM ☑OTH □PTY □SCC		150.00	150.00	P 06	150.00
04/24/2006	Geo Syntec Consultants	□IND □COM ဩOTH □PTY □SCC		150.00	150.00	P 06	475.00
			SUBTOTAL\$	1,050.00			

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from03/18/2006		FC	ORM	400
				through <u>05/20/2</u>	006	Page _	11	of 43_
NAME OF FILER Cathryn De 1	Young/DeYoung for Supervisor					I.D. NUMBER 1261380		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3	AR	T	ELECTION O DATE REQUIRED)
04/11/2006	Helen Gomberg		Retired	150.00	350	0.00	P 06	950.00
05/01/2006	Helen Gomberg	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	200.00	350	0.00	P 06	950.00
04/20/2006	Michael Gottlieb	XIND ☐COM ☐OTH ☐PTY ☐SCC	Sr. VP George Smith Partners, Inc.	200.00	200	.00	P 06	200.00
05/05/2006	Alice H. Grady	☑IND □COM □OTH □PTY □SCC	Retired	100.00	100	.00	P 06	100.00
04/20/2006	Greenlee Commercial	□IND □COM 図OTH □PTY □SCC		100.00	100	.00 1	P 06	100.00
			SUBTOTAL\$	750.00				

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from ____03/18/2006

				through _05/20/2	006 Pag	e <u> </u>	2 of 43		
NAME OF FILER Cathryn De	Young/DeYoung for Supervisor				1	I.D. NUMBER 1261380			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CALENDAR YEAR			
04/20/2006	Nita Guell	☑IND □COM □OTH □PTY □SCC	Homemaker	1,500.00	1,500.00	P 06	1,500.00		
03/23/2006	Julie Hile		Advertising Sls Superior Adv. Group	500.00	500.00	P 06	500.00		
04/20/2006	Bradley Hillgren	☑IND ☐COM ☐OTH ☐PTY ☐SCC	CEO/Pres. Lowe Enterprises	250.00	250.00	P 06	250.00		
03/23/2006	Sanford G. Hull	⊠IND □COM □OTH □PTY □SCC	Real Est. Realty Advisory Serv.	250.00	450.00	P 06	1,100.00		
04/20/2006	Sanford G. Hull	☑IND □COM □OTH □PTY □SCC	Real Est. Realty Advisory Serv.	200.00	450.00	P 06	1,100.00		
			SUBTOTAL\$	2,700.00			A Commence of the Commence of		

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from 03/18/2006

1,900.00

NAME OF FILER				through _05/20/2	006	I.D. NU	JMBER	_ of43.
Cathryn De	Young/DeYoung for Supervisor					1261	1380	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR		ER ELECTION TO DATE REQUIRED)
04/20/2006	William H. Hustedt	⊠IND □COM □OTH □PTY □SCC	CPA Self Emp.	1,000.00	1,0	00.00	P 06	1,000.00
04/20/2006	Intracorp Los Angeles L.L.C.	□IND □COM ☑OTH □PTY □SCC		200.00	2	00.00	P 06	200.00
04/20/2006	Robert M. Irish	IND COM OTH PTY SCC	Real Est. Dev. Buie Stoddard Properties	100.00	10	00.00	P 06	100.00
04/20/2006	J.Conover, Inc	□IND □COM 図OTH □PTY □SCC	Comm Real Est - Faris Lee Investments	100.00	10	00.00	P 06	200.00
04/20/2006	Barbara Hiller Johnson	☑IND □COM □OTH □PTY □SCC	CEO Bridal Accessory Designs	500.00	. 50	00.00	P 06	500.00
		annersa e commune se e e e e e e e e e e e e e e e e e	SUBTOTAL	1 800 00				

*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from <u>03/18/2006</u>

NAME OF FILER Cathryn De	Young/DeYoung for Supervisor	through _05/20/2006			Page 14 of 15			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	T	ELECTION O DATE REQUIRED)
05/01/2006	Jan Kerchner	IND COM OTH PTY SCC	Educational Consultant The College Blueprint	250.00	25	50.00	P 06	650.00
04/19/2006	Patricia Kern		Retired	100.00	10	00.00	P 06	100.00
04/17/2006	Michele Langham	⊠IND □COM □OTH □PTY □SCC	Homemaker	150.00	15	50.00	P 06	150.00
03/20/2006	Robert A. Lelito	☑IND □COM □OTH □PTY □SCC	President Laguna Dev.	250.00	25	0.00	P 06	250.00
05/01/2006	J. Christopher Lewis	□COM □OTH	Partner Riordan, Lewis & Haden	100.00	10	0.00	P 06	350.00
			SUBTOTAL\$	850.00				

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDU	LEA (CONT.)
CALIFORNIA FORM	460

Statement covers period

from 03/18/2006

NAME OF FILER Cathryn De	Young/DeYoung for Supervisor	through05/20/2006			Page 15 of 4 3 1.D. NUMBER 1261380											
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		CALENDAR YEAR		CALENDAR YEAR		CALENDAR YEAR		CALENDAR YEAR		ı	PER ELECTION TO DATE IF REQUIRED)
03/21/2006	Diane Liljestrom	⊠IND □COM □OTH □PTY □SCC	Homemaker	100.00	10	0.00	P 06	950.00								
03/20/2006	Low & Archibald Real Estate Group	□IND □COM ☑OTH □PTY □SCC		250.00	25	0.00	P 06	250.00								
04/20/2006	Viviane J. Mann	☑IND □COM □OTH □PTY □SCC	Housewife	100.00	10	0.00	P 06	100.00								
04/19/2006	Master Plan Developments, Inc.	□IND □COM ☑OTH □PTY □SCC		1,500.00	1,50	0.00	P 06	1,500.00								
05/01/2006	Michael Brandman Associates	□IND □COM ဩOTH □PTY □SCC		100.00	10	0.00	P 06	100.00								
			SUBTOTAL\$	2,050.00												

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SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) .

CALIFORNIA

FORM

Statement covers period

from ____03/18/2006

WAY OF SHEE				through <u>05/20/2</u>	006	Page .	16	of_43
NAME OF FILER Cathryn De N	Young/DeYoung for Supervisor					I.D. NU 1261	JMBER 1380	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR		R ELECTION TO DATE REQUIRED)
05/01/2006	Rick Moen	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Moen Woodworks	250.00	25	50.00	P 06	600.00
04/20/2006	Robert Montgomery		Planner Seacall Mgmt. Inc.	100.00	10	0.00	P 06	100.00
03/23/2006	A. Patrick Munoz	□COM □OTH	Attorney Rutan & Tucker	250.00	25	0.00	P 06	250.00
03/31/2006	Sandy Norton	⊠IND □COM □OTH □PTY □SCC	Homemaker	100.00	200	0.00	P 06	650.00
04/19/2006	Sandy Norton	⊠IND □COM □OTH □PTY □SCC	Homemaker	100.00	200	0.00	P 06	650.00
***			SUBTOTAL\$	800.00				

*Contributor Codes

IND – Individual COM – Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

				from03/18/2	2006	FORM 40		
				through <u>05/20/2</u>	2006 Pa	ge17	_ of&	
NAME OF FILER Cathryn De	Young/DeYoung for Supervisor					NUMBER 261380		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN. 1 - DEC. 31)		ER ELECTION TO DATE REQUIRED)	
04/20/2006	Marnie O'Brien	IND COM OTH PTY SCC	Reg. Bus. Mgr.	100.00	100.0	00 P 06	275.00	
03/23/2006	Kenneth Oda	⊠IND □COM □OTH □PTY □SCC	Asset. Mgr. Crescent Capital Mgmt	500.00	500.0	0 P 06	500.00	
03/23/2006	Park Gibbs Dev. Co. LLC	IND COM OTH PTY SCC		250.00	250.0	0 P 06	250.00	
04/17/2006	Karen Parker	☑IND □COM □OTH □PTY □SCC	Homemaker	200.00	200.0	0 P 06	200.00	
04/20/2006	Jed Pearson	⊠IND □COM □OTH □PTY □SCC	Retired	100.00	100.0	0 P06	250.00	
			SUBTOTAL\$	1,150.00			#	

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OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

from ____03/18/2006

NAME OF FILER				through _05/20/29	006	Page	18	_ of	
	Young/DeYoung for Supervisor						I.D. NUMBER 1261380		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR		ER ELECTION TO DATE REQUIRED)	
04/17/2006	Joe Potocki	⊠IND ☐COM ☐OTH ☐PTY ☐SCC		100.00	10	00.00	P 06	150.00	
04/20/2006	Lucy Rawlins	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	200.00	20	0.00	P 06	600.00	
03/24/2006	Recupero & Associates Inc.	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250.00	25	0.00	P 06	250.00	
04/20/2006	Craig Reinhardt	XIND □COM □OTH □PTY □SCC	Sales Hot Match	100.00	10	0.00	P 06	100.00	
03/29/2006	Lori Rudin	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	200.00	20	0.00	P 06	200.00	
			SUBTOTAL\$	850.00					

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PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary Contributions Received	to whole dollars.	Statement covers period	CALIFORNIA ACO
	15 1111010 1111111111111111111111111111	from03/18/2006	FORM 460
		through 05/20/2006	Page 19 of 43
NAME OF FILER			I.D. NUMBER
Cathryn De Young/DeYoung for Supervisor			1261380
			·

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1	R ELECTION TO DATE REQUIRED)			
04/20/2006	Murray Rudin	☑IND □COM □OTH □PTY □SCC	Finance Riordan, Lewis & Haden	100.00	100.00	P 06	100.00			
05/19/2006	Ruland & Mattingley	□IND □COM ☑OTH □PTY □SCC		200.00	200.00	P 06	1,000.00			
04/24/2006	George Ron Salisbury	IND □COM □OTH □PTY □SCC	Owner Restaurant Bs. Inc.	100.00	100.00	P 06	250.00			
03/21/2006	Gail Smith	⊠IND □COM □OTH □PTY □SCC	Homemaker	500.00	500.00	P 06	500.00			
04/20/2006	Southland Dev. Co.	☐IND ☐COM 図OTH ☐PTY ☐SCC		200.00	200.00	P 06	1,500.00			
SUBTOTAL\$ 1,100.00										

*Contributor Codes

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(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY – Political Party

SCC – Small Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars

SCHEDULE A (CONT.)

		to whole	uonars.	from <u>03/18/2</u>	006		ORM	^ 460		
-				through <u>05/20/2</u>	006	Page	20	of_43_		
NAME OF FILER Cathryn De	Young/DeYoung for Supervisor					I.D. NUMBER 1261380				
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		CALENDAR YEAR		CALENDAR YEAR TO	
03/23/2006	Norbert St. John	☑IND □COM □OTH □PTY □SCC	Retired	500.00	51	00.00	P 06	750.00		
03/23/2006	Richard C. Starratt, TTEE	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	150.00	15	50.00	P 06	150.00		
03/27/2006	Mr. Peter Stephan	IND COM OTH PTY SCC	CEO The Pension Group Inc.	100.00	10	00.00	P 06	300.00		
03/23/2006	Kristine Stoddard	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	1,500.00	1,50	0.00	P 06	1,500.00		

Construction

Tygor Const.

XIND

□COM □OTH

□ PTY □ SCC

SUBTOTAL\$

2,350.00

100.00

Statement covers period

*Contributor Codes

IND - Individual

04/24/2006

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

Keith Stowers

PTY - Political Party

SCC - Small Contributor Committee

100.00 P 06

100.00

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

	•			from03/18/2	rom03/18/2006		ORIVI	700
				through <u>05/20/2006</u>		Page	21	of_43_
NAME OF FILER						I.D. NU	JMBER	
Cathryn De	Young/DeYoung for Supervisor					1261		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)			AR YEAR TO DATE		R ELECTION TO DATE REQUIRED)
04/24/2006	Vicki Sutro	IND ☐COM ☐OTH ☐PTY ☐SCC	Homemaker	200.00	200.00		200.00 P 06	
03/29/2006	Joseph Tavarez	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	Sr. Exec. VP First American Title Co.	250.00	2:	50.00	P 06	250.00
03/24/2006	Kris Thagard	□COM □OTH	Attorney Thagard & Reiss	1,000.00	1,10	00.00	P 06	1,350.00
04/20/2006	Kris Thagard	⊠IND □COM □OTH □PTY □SCC	Attorney Thagard & Reiss	100.00	1,10	00.00	P 06	1,350.00

Homemaker

XIND

□COM □OTH

□PTY □SCC

SUBTOTAL\$

1,700.00

150.00

Statement covers period

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH Other (o.g., business entitle

Donna Toubia

OTH - Other (e.g., business entity)

PTY - Political Party

*Contributor Codes

03/23/2006

SCC - Small Contributor Committee

150.00

P 06

550.00

Type or print in ink. Amounts may be rounded

NAME OF FILER		Amounts ma	y be rounded e dollars.	Statement covers period from03/18/2006 through05/20/2006			CALIFORNIA FORM 46		
Cathryn De	Young/DeYoung for Supervisor						UMBER 1380		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	1	R ELECTION TO DATE REQUIRED)	
03/23/2006	Arlene Tsutsui	⊠IND □COM □OTH □PTY □SCC	Homemaker	100.00	 	0.00	P 06	100.00	
04/24/2006	Tygor Construction	□IND □COM ☑OTH □PTY □SCC		100.00	10	0.00	P 06	350.00	
03/23/2006	Victorson Family Trust - Patricia Victorson	□IND □COM 図OTH □PTY □SCC	·	250.00	250	0.00	P 06	500.00	
15/05/2006	Daniel Walter	□COM □OTH	Sales Coast Material Sales	100.00	100	.00	P 06	100.00	
4/20/2006	Richard J. Walter	СОМ	Pres. Faris Lee Investments	100.00	100	.00 1	P 06	100.00	
			SUBTOTAL\$	650.00			Market T		

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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.
Amounts may be rounded to whole dollars.

		to whole	dollars.	from03/18/2	ers period C	CALIFORNIA 460			
NAME OF FILER				through <u>05/20/2</u>	006 Pa	ige <u>2</u> :	3_ of_ 43 _		
	Young/DeYoung for Supervisor					D. NUMBER .261380			
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.		1	PER ELECTION TO DATE IF REQUIRED)		
05/19/2006	Kathleen A. Wedeking	IND COM OTH PTY SCC	Homemaker	250.00	250.4	00 P 06	250.00		
03/20/2006	Hank Weeks	⊠IND ☐COM ☐OTH ☐PTY ☐SCC	VP Andrews Pet.	500.00	500.0	00 P 06	500.00		
04/24/2006	Donna Wertz	XIND □COM □OTH □PTY □SCC	Homemaker	250.00	400.0	00 P06	1,300.00		
04/20/2006	Greg Winterbottom	⊠IND □COM □OTH □PTY □SCC	Retired	100.00	100.0	0 P 06	199.00		
		□IND □COM □OTH □PTY □SCC							
			SUBTOTAL\$	1,100.00					

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SCC - Small Contributor Committee

Statement covers period

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Sched	ule B	– Part 1	
Loans	Recei	ved	

** If required.

Type or print in ink. Amounts may be rounded

Loans Received	Amounts may be rounded to whole dollars.				Statement cov	vers period	CALIFORNIA 460			
SEE INSTRUCTIONS ON REVERSE					through05/20)/2006	Page2	of_43		
NAME OF FILER						-	I.D. NUMBER			
Cathryn De Young/DeYoung for Supervise	or						1261380			
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAII OR FORGIVE THIS PERIO	N CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE		
Cathryn DeYoung	City Council Member			☐ PAID	PENIOD			CALENDAR YEAR		
	City of Laguna Niguel			\$0.00	\$	%	\$ 700,000.00	1		
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	06/30/2005 DATE INCURRED	\$		
Cathryn DeYoung	City Council Member City of Laguna Niguel			PAID 0.00	400,000.00	%	\$	\$ 1,206,288.00		
↑ ME IND □ COM □ OTH □ PTY □ SCC	,	\$	\$	FORGIVEN 0.00	DATE DUE	\$	02/26/2006 DATE INCURRED	PER ELECTION ** P06 1,929,356.00		
Cathryn DeYoung	City Council Member			☐ PAID						
	City of Laguna Niguel			\$0.00	\$ 300,000.00	%	\$ 300,000.00	\$ 1,206,288.00 PER ELECTION **		
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	04/18/2006 DATE INCURRED	P06 1,929,356.00		
		SUBTOTALS \$	300,000.00	0.0	0 \$ 1,400,000.00	\$ 0.00		diverse distribution		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)				
Loans received this period (Total Column (b) plus unitemized loan	s of less than \$100.)	••••••	••••••	\$	800,000.00	(40				
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that) paid or forgiven.) are also itemized on Sched	lule A.)			0.00	INI CC OT PT	ontributor Codes D – Individual DM – Recipient Co (other than F TH – Other (e.g., i Y – Political Party	mmittee PTY or SCC) business entity)		
Net change this period. (Subtract Line Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 2.			NET \$	800,000.00 flay be a negative number)	(sc	C - Small Contrib	outor Committee		
*Amounts forgiven or paid by another party also	must be reported on Schedule A.)								

Schedule B – Part 1 Loans Received
SEE INSTRUCTIONS ON DEVEDSE

Type or print in ink.

SCHEDULE	B-PART
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Loans Received	ounts may be re to whole dollar			from03/16	vers period 8/2006	california 460		
SEE INSTRUCTIONS ON REVERSE					through05/20	0/2006	Page25	of 43
NAME OF FILER					ougn			OT
Cathryn De Young/DeYoung for Supervise	or						I.D. NUMBER 1261380	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAIL OR FORGIVER THIS PERIOD	CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF	(g) CUMULATIVE CONTRIBUTIONS
Cathryn DeYoung .	City Council Member	FERIOD			PERIOD	PERIOD	LOAN	TO DATE
	City of Laguna Niguel	0.00	200,000.00	\$ 0.00 FORGIVEN 0.00	\$	% RATE	\$	\$ 1,206,288.00 PER ELECTION** P06 1,929,356.00
TE IND COM OTH PTY SCC	10	,	5	\$	DATE DUE	\$	05/03/2006 DATE INCURRED	\$
Cathryn DeYoung	City Council Member City of Laguna Niguel	\$0.00	300,000.00	PAID 0.00 FORGIVEN 0.00		%%	\$ 300,000.00 \$ 05/09/2006	CALENDAR YEAR \$ _1,206,288.00 PER ELECTION ** PO6 1,929,356.00
TE IND COM OTH PTY SCC				☐ PAID	DATE DUE	· ·	DATE INCURRED	CALENDAR YEAR
				\$FORGIVEN	\$	% RATE	\$	\$PER ELECTION **
TO IND COM OTH PTY SCC		s	\$	\$	DATE DUE	\$	DATE INCURRED	s
		SUBTOTALS \$	500,000.00	0.00	\$ 500,000.00	0.00	ene ve ve	
Schedule B Summary		•				(Enter (e) on Schedule E, Line 3)		
Loans received this period (Total Column (b) plus unitemized loans	s of less than \$100.)	•••••••••••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••	\$	800,000.00	(tc	ontributor Codes	
 Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that 	are also itemized on Schedu	ule A.)			0.00	INE CO OT	D – Individual IM – Recipient Cor (other than P H – Other (e.g., t Y – Political Party	TY or SCC)
Net change this period. (Subtract Line Enter the net here and on the Summary	2 from Line 1.) Page, Column A, Line 2.			NET \$	800,000.00 ly be a negative number)	sc	C – Small Contribu	utor Committee
*Amounts forgiven or paid by another party also r ** If required.	nust be reported on Schedule A.							

Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA ACO

					from03/18/200	06	FORM 400		
SEE INSTRUCTION	ONS ON REVERSE				through_05/20/200)6	Page _27	of <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	
	Young/DeYoung for Supervisor						I.D. NUMBE 1261380		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICE		CUMULATI DATE CALENDAR (JAN 1 - DI	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
05/20/2006 C	athryn DeYoung	☑IND □COM □OTH □PTY □SCC	City Council Member City of Laguna Niguel	Office space/re	nt 3,992.06			P 06	
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		☐IND ☐COM ☐OTH ☐PTY ☐SCC	,						
Attach additi	ional information on appropriately label	ed continuati	on sheets.	SUBTOTA	AL\$ 3,992.00				
Schedule C 1. Amount rec (Include all	C Summary seived this period – itemized nonmonetary Schedule C subtotals.)	contributions				*Contrib	outor Code:		
2. Amount rec	eived this period – unitemized nonmoneta onetary contributions received this period.					OTH - PTY-P	(other than Other (e.g., olitical Parl	PTY or SCC) . business entity)	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

3,992.00

SCC - Small Contributor Committee

Schedule E Payments Made Type or print Amounts may be to whole do			d	Stat	Statement covers period from03/18/2006			schedul 4 46	
SEE INSTRUCTIONS ON REVERSE				throug	h	Page _	o	f_43_	
NAME OF FILER Cathryn De Young/DeYoung for Supervisor						I.D. NUI 126138			
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member con meetings an OFC office exper PET petition circu PHO phone banks POL polling and s POS postage, del	nmunications Id appearance Ises Ilating Is Is Ilating Is Is Ilating Is Is Ilating Is Ila	ces	RAD ra RFD re SAL ca TEL tu TRC ca TRS st TSF tra VOT vo	acribe the payment. Idio airtime and production Idio airtime and productions Idio airtime and productions Idio airtime and productions Idio airtime and production Idio airtime and prod	duction costs d meals and meals s of the sar	me candid	date/spons	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION O	F PAYMENT		АМО	UNT PAID	
Aliso Niguel News		PRT						700.00	
Antonello Ristorante		FND					:	2,228.49	
COGS South		CMP	Signs	,				5,329.52	
* Payments that are contributions or Independent expenditures must also be summarized on Schedule D. SUBTOTAL\$									

Schedule E Summary

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDU	ILE E ((CONT.)
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CALIFORNIA FORM

Statement covers period

from.

03/18/2006

SEE INSTRUCTIONS ON REVERSE		through05/20/2006	Page29 of43	
NAME OF FILER Cathryn De Young/DeYoung for Supervisor			I.D. NUMBER 1261380	
CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings OFC office exper petition circu phone banks polling and significant professional professional print ads	nmunications d appearances nses llating	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, and	uction costs I meals and meals s of the same candidate/sponson	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESC	CRIPTION OF PAYMENT	AMOUNT PAID	
California Club for Growth	Slate		4,000.00	
Civic Research				
	POL		54,000.00	
Cox Communications	WEB		1,131.42	
DeSnoo & DeSnoo	OFC		95.16	
DeSnoo & DeSnoo	CNS		5,000.00	
Payments that are contributions or independent expenditures must also be summarized on S	Schadula D	Our	STOTAL \$ 64,226.58	
rayments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$				

Schedule E

Type or print in ink

SCHEDULEE	(CONT.)
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Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from 03/18/2006	FORM 400
EEE INSTRUCTIONS ON REVERSE		through05/20/2006	Page30_ of _43
IAME OF FILER			I.D. NUMBER
Cathryn De Young/DeYoung for Supervisor			1261380

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events polling and survey research POL staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* ND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings print ads PRT WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OF	DESCRIPTION OF PAYMENT	AMOUNT PAID
El Niguel Country Club				
	FND			1,266.08
Forde & Mollrich				
Ŋ.	CNS			25,000.00
Forde & Mollrich				,
	LIT			662,996.62
Gary Burton, CPA		+		
	CNS			25,000.00
Golden Rain Foundation	MTG			345.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

714.607.70

Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded

SCHEDULE E	(CONT.)
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Statement covers period

	Continuation Sheet) Payments Made Amounts may be rounded to whole dollars.			from03/18/2006	CALIFO	ORNIA 460	
	INSTRUCTIONS ON REVERSE				through 05/20/2006	Page _	
	thryn De Young/DeYoung for Supervisor					I.D. NUMI	BER
						12613	80
CMP CNS CTB	civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*	MBR member commeetings an OFC office exper PET petition circupho phone banks POL polling and 9 postage, del	nmunications d appearance nses lating s survey reseal ivery and me	es	RAD radio airtime and product returned contributions SAL two campaign workers' salar two candidate travel, lodging, TRS transfer between commit voter registration web salar transfer between commit voter registration under the payme and product returned to candidate travel, lodging, transfer between commit voter registration under the payme and product returned to candidate travel, lodging transfer between commit voter registration under the payme and product returned to candidate the payme and product returned contributions campaign workers' salar two candidate travel, lodging, and product returned contributions campaign workers' salar two candidate travel, lodging, staff, payment to candidat	tion costs ries production cost , and meals ng, and meals ttees of the sai	me candidate/sponsor
	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Gr	eenstripe Media						
t			TEL				175,000.00
Imp	pact Placements L.L.C.	·					
			СМР	Sign Placement			750.00
Jar	n Rojas		· · · · · · · · · · · · · · · · · · ·				
			SAL			e e e e e e e e e e e e e e e e e e e	5,110.00
Jol	landa's Catering			Breakfast			
			MTG				632.40
Lag	guna Niguel Chamber of Commerce		MTG				

SUBTOTAL \$

181,617.40

125.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E (Continuation Shoot)

Type or print in ink.

SCHEDULE E	(CONT.)
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(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460	
Payments Made	to whole dollars.	from03/18/2006	FORM 400	
SEE INSTRUCTIONS ON REVERSE		through05/20/2006	Page32 of 43	
NAME OF FILER			I.D. NUMBER	
Cathryn De Young/DeYoung for Supervisor			1261380	
CODES: If one of the following codes accura	tely describes the navment you may enter the code. Otho	nuico doscribo the normant		

CMP campaign paraphernalia/misc. CNS campaign consultants CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member of meetings a office exp PET petition cir PHO phone ban POL polling and postage, d	ommunication and appearan enses culating ks I survey rese lelivery and n	s ces	RAD radio airtime and production cos RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and producti TRC candidate travel, lodging, and me staff/spouse travel, lodging, and ices TSF transfer between committees of		on costs eals meals the same candidate/sponsor	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYME	NT	AMOUNT PAID	
MB Public Affairs Inc		CNS				3,500.00	
Neon Design		СМР	Banners			758.13	
New Majority		MTG	Sacramento			300.00	
Niguel Copy & Mail		OFC				144.00	
Non-Partisan Candidate Evaluation Council Inc.		LIT				5,000.00	

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

9,702.13

Schodulo E

Schedule E	Type or print in ink.		SCHEDULE E (CONT.)
(Continuation Sheet)	Amounts may be rounded	Statement covers period	CALIFORNIA 460
Payments Made	to whole dollars.	from03/18/2006	FORM 40U
SEE INSTRUCTIONS ON REVERSE		through05/20/2006	Page 33 of 43
NAME OF FILER			I.D. NUMBER
Cathryn De Young/DeYoung for Supervisor			1261380
CODES: If one of the following codes accura	itely describes the payment, you may enter the code	e. Otherwise, describe the payment	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain population)*	MBR member communications MTG meetings and appearances OFC office expenses	RAD radio airtime and production returned contributions	n costs

CVC civic donations SAL campaign workers' salaries PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals fundraising events TRS staff/spouse travel, lodging, and meals POL polling and survey research independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) PRO VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Orange County Firefighters Voter Guide		Slate	
	LIT		10,000.00
Orange County League of Conservation Voters ID#1223961			
. . 1	MTG		1,000.00
Rutan & Tucker	PRO		6,109.10
SDGE	<u></u>	Check not cashed	
	OFC		-103.62
Sater Secretarial Service	OFC		217.35
	-		

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

17,222.83

Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded SCHEDULE E (CONT.)

Statement covers period

Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from 03/18/2006		FORM 460		
SEE INSTRUCTIONS ON REVERSE					thro	ough 05/20/2006	Page _	34 of 43
NAME OF FILER							I.D. NUM	
Cathryn De Young/DeYoung for Supervisor							12613	
CODES: If one of the following codes accurately descriic CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* LEG legal defense LTC campaign literature and mailings	MBR	member commeetings an office exper petition circuphone banks polling and spostage, del	imunications d appearance ises lating s survey reseas ivery and me	es _.	RAD RFD SAL TEL TRC TRS TSF VOT	radio airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and procandidate travel, lodging, a	on costs s oduction cost and meals g, and meals es of the sa	me candidate/sponso
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)			CODE	OR DES	CRIPTIC	ON OF PAYMENT		AMOUNT PAID
Save Proposition 13				Slate refund				-2,500.00
Sprint					<u></u>			
•			OFC				i.	122.40
Staples	,,,							
			OFC					337.05
Trans Pacific Association							,	
			OFC					807.03
Trans Pacific Association			SAL					15,000.00
* Payments that are contributions or independent expenditures must als	so be sum	marized on S	chedule D.			SU	BTOTAL \$	13 766 49

SUBTOTAL \$

13,766.48

Schedule E (Continuation Sheet)

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)	SCH	IEDUL	EE((CONT.)
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Statement covers period

(Continuation Sheet) Payments Made	Amounts may be to whole do		Statement covers period from 03/18/2006		CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE				through05/20/2006	Page3	5 of <u>43</u>
Cathryn De Young/DeYoung for Supervisor					I.D. NUMBER 1261380	
CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* civic donations FIL candidate filing/ballot fees FND candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense LIT campaign literature and mailings	MBR member community meetings and office expension circul PHO phone banks POL polling and s POS postage, delir	munications if appearance ses ating urvey resear very and me	s	RAD radio airtime and production returned contributions campaign workers' salaries t.v. or cable airtime and procured candidate travel, lodging, a staff/spouse travel, lodging transfer between committee voter registration information technology cost	n costs s oduction costs nd meals , and meals es of the same	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE (DR DES	SCRIPTION OF PAYMENT		AMOUNT PAID
US Postmaster		POS				975.00
Verizon						
	i	OFC				298.35
						•
		:				
Payments that are contributions or independent expenditures must also	o be summarized on S	chedule D.		Su	BTOTAL \$	1,273.35

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 160
from03/18/2006	FORM 460
through05/20/2006	Page 36 of 43
	LD NUMBER

1261380

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

OODEO K

Cathryn De Young/DeYoung for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Forde & Mollrich

CODE	:S: If one of the following codes accurately	describes the payment,	, you may enter the code.	Otherwise, describe the payment
CNAD of	ampaign paranhamalia/mia		•	and paymone

campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees

fundraising events ND independent expenditure supporting/opposing others (explain)* LEG legal defense

ШΤ campaign literature and mailings

MBR member communications MTG meetings and appearances

office expenses PET petition circulating PHO phone banks

POS

polling and survey research POL postage, delivery and messenger services professional services (legal, accounting) PRT print ads

RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Bryant Communications	LIT		
			1,500.00
Bryant Communications	LIT		9 700 00
			8,700.00
Cardinal Communications Strategies LLC	LIT		
			6,095.29
Chapman University			
•	TEL		2,500.00
tach additional information on appropriately labeled continuation shee	ate		TOTAL* \$ 10 F05 00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

TOTAL* \$

18,795.29

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period from 03/18/2006	CALIFORNIA 460

Contractor (on Benan of This Committee)	 from03/18/2006	FORM 400
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	through 05/20/2006	Page 37 of 43
Cathryn De Young/DeYoung for Supervisor		I.D. NUMBER 1261380
NAME OF AGENT OR INDEPENDENT CONTRACTOR Forde & Mollrich		

(31)	DEST It and of the following and a commetativities of				
	DES. If one of the following codes accurately describ	es the	payment, you may enter the code.	Otherwise	e, describe the payment
CNS CTB CVC FIL	contribution (explain nonmonetary)* civic donations candidate filing/ballot fees	MBR MTG OFC PET PHO	member communications meetings and appearances office expenses petition circulating phone banks	RAD RFD SAL TEL	e, describe the payment. radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable airtime and production costs candidate travel, lodging, and meals
IND	fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings	POS	polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	TRS TSF VOT	staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT OUR
Creative Mailing & Marketing	LIT	·	83,134.54
Fovea Video Productions	TEL		6,287.38
Gods & Heroes	LIT		700.00
Gods & Heroes	LIT		500.00
ach additional information on appropriately labeled continuation she			

TOTAL* \$

90,621.92

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 160
from 03/18/2006	FORM 46U
through05/20/2006	Page38 of
	I.D. NUMBER
	1261380

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Cathryn De Young/DeYoung for Supervisor

Forde & Mollrich

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CONS contribution (explain nonmonetary)*

COPC civic donations

MBR member communications meetings and appearances office expenses

OFC office expenses

PET petition circulating

MBR member code. Otherwise, describe the payment.

RAD radio airtime and production costs returned contributions

returned contributions

campaign workers' salaries

petition circulating

TEL

TV or cable airtime and production costs

t.v. or cable airtime and production costs

covic donations

relation circulating petition circulating petition circulating phone banks

relation circulating petition circulating phone banks

relation circulating petition circulating phone banks

relation circulating phone banks

relatio

LEG legal defense PRO professional services (legal, accounting) VOT voter registration print ads professional services (legal, accounting) websited between committees of the same candidate/

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jason Ellis Photography	LIT	Video		1,000.00
Juice	TEL			800.00
Kenny the Printer	LIT			1,563.08
Cenny the Printer	LIT			8,243.04

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

11,606.12

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE G
CALIFORNIA ACO
FORM 46U
Page39 of
I.D. NUMBER 1261380

WEB information technology costs (internet, e-mail)

Cathryn De Young/DeYoung for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

Forde & Mollrich

NAME OF FILER

\sim	OFC. 16				
CO	DES: If one of the following codes accurately describ	es the	payment, you may enter the code. O	therwise	e, describe the payment
CMP	campaign paraphernalia/misc.		member communications		
	campaign consultants		meetings and appearances		returned contributions
	contribution (explain nonmonetary)*		office expenses		campaign workers' salaries
	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
	independent expenditure supporting/opposing others (explain)* legal defense	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings		professional services (legal, accounting)	VOT	voter registration
K-1 1	odinpagn itterature and mailings	PRT	print ads	WEB	information technology costs (internet a mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LIT			1,669.05
			_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
LIT			8,491.41
TTM		· · · · · · · · · · · · · · · · · · ·	
LIT			9,718.03
LIT	-		
			118,816.11
		LIT	LIT

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

TOTAL* \$

138,694.60

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE G Statement covers period **CALIFORNIA** 03/18/2006 **FORM** 05/20/2006 through_ Page I.D. NUMBER 1261380

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cathryn De Young/DeYoung for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Forde & Mollrich

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. MBR member communications CNS campaign consultants contribution (explain nonmonetary)* CVC civic donations candidate filing/ballot fees

FND fundraising events independent expenditure supporting/opposing others (explain)* ND

LEG legal defense campaign literature and mailings

meetings and appearances OFC office expenses PET petition circulating PHO phone banks

polling and survey research postage, delivery and messenger services professional services (legal, accounting) PRO

PRT print ads RAD radio airtime and production costs

RFD returned contributions SAL campaign workers' salaries

TEL. t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals TRS

transfer between committees of the same candidate/sponsor TSF

VOT voter registration

WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Northlight LTD	TEL			15,202.86
Orange County Register	PRT			
				1,763.50
	ĺ			
Pixel8Media	LIT			800.00
	İ			
Plus love 21				,
Pixel8Media	LIT			5,200.00
	į			
Attach additional information on appropriately labeled continuation shee	ets.			TOTAL* \$ 22,966.36

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE G Statement covers period CALIFORNIA 03/18/2006

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SEE INSTRUCTIONS ON REVERSE	through 05/20/2006	Page 41 of 43		
NAME OF FILER		I.D. NUMBER		
Cathryn De Young/DeYoung for Supervisor		1261380		
NAME OF AGENT OR INDEPENDENT CONTRACTOR				
Forde & Mollrich				
CODES: If one of the following codes accurately describes the payment, you may enter the code. Other	rwise, describe the payment.			

^^	DEG IS SHIELD IN THE SHIELD IN				
CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, describe the payment.
CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances		returned contributions
CTB	contribution (explain nonmonetary)*		office expenses		campaign workers' salaries
CVC	civic donations	PET	petition circulating		t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks		candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*		postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legał defense	PRO	professional services (legal, accounting)		voter registration
LIT	campaign literature and mailings	PRT	print ads		information technology costs (internet, e-mail)
					interior, or many

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data	LIT		728.18
Political Data	LIT		691.19
Political Data	LIT		
			691.19
Political Data	LIT		4,116.24
			ř.
ttach additional information on appropriately labeled continuation sl	heets.		TOTAL* \$ 6,226,80

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

6,226.80

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period from 03/18/2006 CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cathryn De Young/DeYoung for Supervisor

NAME OF AGENT OR INDEPENDENT CONTRACTOR

NAME OF AGENT OR INDEPENDENT CONTRACTOR Forde & Mollrich

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications radio airtime and production costs CNS campaign consultants MTG meetings and appearances returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals fundraising events polling and survey research POL staff/spouse travel, lodging, and meals ND independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF LEG legal defense PRO professional services (legal, accounting) voter registration campaign literature and mailings PRT print ads information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Robert Peterson	TEL		1,131.38
Sigma Data Services	LIT		500.00
Sigma Data Services	LIT		850.00
Sigma Data Services	LIT		3,100.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

5,581.38

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA ACO
from03/18/2006	FORM 460
through 05/20/2006	Page 43 of 4-3
	I.D. NUMBER

WEB information technology costs (internet, e-mail)

1261380

NAME OF AGENT OR INDEPENDENT CONTRACTOR

campaign literature and mailings

Cathryn De Young/DeYoung for Supervisor

Forde & Mollrich

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

\sim	DEO. 16				
CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, describe the payment
CMP	campaign paraphernalia/misc.	MBR	member communications		radio airtime and production costs
	campaign consultants	MTG	meetings and appearances		
CTB	contribution (explain nonmonetary)*		office expenses		returned contributions campaign workers' salaries
CVC	civic donations		petition circulating		
FIL	candidate filing/ballot fees		phone banks	TRC	t.v. or cable airtime and production costs
	fundraising events		polling and survey research	TRS	candidate travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	staff/spouse travel, lodging, and meals
LEG		PRO	professional services (legal, accounting)		transfer between committees of the same candidate/sponsor voter registration
1.07	compoint literature and maillen-		processian services (logar, accounting)	VOI	voter registration .

PRT

print ads

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS-Santa Ana	POS		702.30
			, , , , , , , , , , , , , , , , , , , ,
USPS-Santa Ana	POS		
-			11,936.61
USPS-Santa Ana	Pog		
	POS		12,449.16
USPS-Santa Ana	POS		12,469.75
tach additional information on appropriately labeled continuation sh			

TOTAL* \$

37,557.82

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

campaign literature and mailings

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE G Statement covers period **CALIFORNIA** 03/18/2006

VOT voter registration

WEB information technology costs (internet, e-mail)

SEE INSTRUCTIONS ON REVERSE NAME OF FILER		through <u>05/20/2006</u>	Page 43/4 of 43
Cathryn De Young/DeYoung for Supervisor			I.D. NUMBER 1261380
NAME OF AGENT OR INDEPENDENT CONTRACTOR Forde & Mollrich CODES: If one of the following codes accurately described campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	wes the payment, you may enter the code. Other MBR member communications meetings and appearances OFC office expenses	RAD radio airtime and production c RFD returned contributions	
CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)	SAL campaign workers' salaries TEL t.v. or cable airtime and produ TRC candidate travel, lodging, and or staff/spouse travel, lodging, ar TSF transfer between committees VOT voter registration	meals

print ads

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS-Santa Ana	POS		
	1 200		190,349.2
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			İ
			1
	1		Į
			i

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

190,349.20

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.